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CONFIRMATION NO. 8186

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/982,274	10/17/2001	705	3626	1-15562
<b>RULE</b>				
<b>APPLICANTS</b> Ryan Lance Levin, Johannesburg, SOUTH AFRICA; Adrian Gore, Johannesburg, SOUTH AFRICA; Neville Stanley Koopowitz, Sandton, SOUTH AFRICA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/265,240 03/09/1999 ABN (In preexam)				
<b>** FOREIGN APPLICATIONS *****</b> SOUTH AFRICA 98/2005 03/10/1998 SOUTH AFRICA 98/11943 12/30/1998 ] not found DBC				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/20/2001				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Dale S. Colanough</u> <u>DBC</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> SOUTH AFRICA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 11
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 001678				
<b>TITLE</b> Managing the business of a medical scheme				
<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	